



**FRESENIUS
MEDICAL CARE**

October 30, 2014

RECEIVED

OCT 31 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Ms. Courtney Avery
Administrator
Illinois Health Facilities & Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report. Section 1130.770
Project #12-091, Fresenius Medical Care - BMA Carbondale
Permit Holder: Bio-Medical Applications of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.
Permit Amount: \$5,432,807

Dear Ms. Avery:

Enclosed please find the final realized cost report submission for Fresenius Medical Care – BMA Carbondale, #12-091, along with a signed notarized cost report certification for the project as required pursuant to 7IL. Adm. 1130.770.

If you have any questions, please contact me at 630-960-6807.

Sincerely,

Lori Wright
Fresenius Medical Care
Senior CON Specialist

cc: Clare Ranalli



October 9, 2014

Final Cost Report, Section 1130.770 Fresenius Medical Care – BMA Carbondale

Final Cost Report. Section 1130.770

Project #12-091, Fresenius Medical Care - BMA Carbondale

Permit Holder: Bio-Medical Applications of Illinois, LLC, and Fresenius Medical Care Holdings, Inc.

Permit Amount: \$5,432,807

This report summarizes the development and final costs of the above-mentioned project. This is a project for the relocation of the 24 station BMA Carbondale dialysis facility from 725 S. Lewis Lane, Carbondale to 1425 E. Main Street also in Carbondale. There have been no changes to the scope and size of this project. The Permit amount is \$5,432,807. Final realized costs were \$4,736,498.

The project was obligated through the execution of the lease for premises on March 25, 2013. The facility treated its first patient on March 3, 2014. The project was complete on July 23, 2014 upon receipt of the CMS Certification letter. The facility's effective CMS Certification date is June 23, 2014.

Project Costs	Allowance/CON	Realized
Modernization	1,848,561	1,371,062
Contingencies	183,951	0
Architectural/Engineering	189,837	74,420
Movable & Other Equipment	341,625	422,183
FMV of Leased Space/Equipment	2,868,833	2,868,833
Total Project Costs	5,432,807	4,736,498
Funding	Allowance/CON	Realized
Cash & Securities	2,563,974	1,867,665
Lease FMV	2,868,833	2,868,833
Total funds	5,432,807	4,736,498

Project Costs and Sources of Funds


There are no costs that have been or will be submitted for reimbursement under Titles XVIII and XIX of the Social Security Act.

Application and Certificate for Payment (AIA G702)

Final G-702 for construction attached. Final G-702 for cabinet installation attached. Architect invoice attached showing a \$9,512 credit for architect error. (Annual cost report submitted 01/13/2014 shows architecture costs prior to correction of error).

Certification Of Cost Report
Fresenius Medical Care – BMA Carbondale
Project #12-091

Bio-Medical Applications of Illinois, Inc. certifies that pursuant to 7711. Adm. 1130.770, that the final realized costs of Fresenius Medical Care – BMA Carbondale, Project #12-091, are the total costs required to complete the project, and that there are no additional or associated costs or capital expenditures related to the project which will be submitted for reimbursement under Title XVIII or XIX.


BY: 


ITS: Mark Fawcett
Vice President & Treasurer

BY: 


ITS: Bryan Mello
Assistant Treasurer


Subscribed and Sworn to
Before me this 14th day of October, 2014


Notary Public

 JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My commission expires: Commission Expires
January 21, 2016

Subscribed and Sworn to
Before me this 14th day of October, 2014


Notary Public

 JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

Certification Of Cost Report
Fresenius Medical Care – BMA Carbondale
Project #12-091

Fresenius Medical Care Holdings, Inc. certifies that pursuant to 7711. Adm. 1130.770,
that the final realized costs of Fresenius Medical Care – BMA Carbondale,
Project #12-091, are the total costs required to complete the project, and that there are no
additional or associated costs or capital expenditures related to the project which will be
submitted for reimbursement under Title XVIII or XIX.

BY: [Signature]
ITS: _____
Mark Fawcett
Vice President & Treasurer

BY: [Signature]
ITS: _____
Bryan Mello
Assistant Treasurer

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Before me this 14th day of October, 2014

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[Signature]
Notary Public
JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My commission expires: January 21, 2016

[Signature]
Notary Public
JENNIFER E. ROSA
Notary Public
Commonwealth of Massachusetts
My Commission Expires
January 21, 2016

APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER):

Bio-Medical Applications of Illinois, Inc.
c/o Fresenius Medical Care NA
2219 Hollywood Blvd., Suite 101
Hollywood, FL 33020

PROJECT:

FMC-Carbondale (Upfit)
1425 E. Main St.
Carbondale, IL 62901
Contract # 1258-5-RL-S-BO-12

AIA DOCUMENT G702 PAGE ONE OF 2

APPLICATION NUMBER: 5

APPLICATION DATE: 1/31/2014

PERIOD TO: 1/31/2014

ARCHITECTS PROJECT NO:

CONTRACT DATE: 8/14/2013

JOB # 1382



ATTN: Terry McNeal
901-433-0102

FROM (CONTRACTOR):

The Ideal Company, Inc.
8313 N. Kimmel Rd. P.O. Box 149
Clayton, OH 45315
Fred Sink

VIA (ARCHITECT):

Jason T. Pyne
Christopher Kidd & Associates
N48W16550 Lisbon Rd.
Menomonee Falls, WI 53051 262-901-0505

CONTRACT FOR:

Construction - FMC-Carbondale (Upfit)

Distribution to:

☒ [x] Owner
☐ [] Architect
☒ [x] Contractor

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY

Change orders approved in previous months by owner			ADDITIONS	DEDUCTIONS
Approved this Month	Date Approved			
1	12/11/2013		\$12,160.93	
2	12/23/2013		\$6,127.50	
3	1/13/2014		\$2,891.75	
TOTALS			\$21,180.18	\$0.00
Net Change by Change Orders			\$21,180.18	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work, for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

The Ideal Company, Inc.

BY:

Fred Sink - President / Owner

DATE:

1/31/2014

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

form date 10/28/97

Application is made for payment, as shown below, in connection with the Contract.

Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$1,178,000.00
2. Net Change by Change Orders \$21,180.18
3. CONTRACT SUM TO DATE (line 1 + 2) \$1,199,180.18
4. TOTAL COMPLETED & STORED TO DATE \$1,199,180.18
5. RETAINAGE:
 - a. 0% of completed work \$0.00
 - b. (Column D + E on G703) \$0.00
 - c. (Column of Stored Material (Column F on G703) \$0.00
 - d. (Column D + E + F on G703) \$0.00

6. TOTAL EARNED LESS RETAINAGE \$1,199,180.18
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior certificate) (\$1,076,659.59)
8. CURRENT PAYMENT DUE \$122,520.59
9. BALANCE TO FINISH, PLUS RETAINAGE \$0.00

State of: OHIO County of: Montgomery

Subscribed and affirmed before me this

Notary Public: Connie A. Turner

My Commission expires: 12/8/2016

AMOUNT CERTIFIED

(Attach explanation if amount certified differs from the amount applied for.)

ARCHITECT:

BY:

Date:

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

APPLICATION AND CERTIFICATE FOR PAYMENT

AIA DOCUMENT G702

Page 1 of 1

TO (OWNER): Fresenius Medical Care PROJECT: FMC
FROM (CONTR.): Cohen Architectural VIA (ARCHITECT): Carbondale IL
CONTRACT FOR: Millwork & Installation

APPLICATION NO: 3 PERIOD TO: 1/31/2014
CONTRACTORS: CONTRACTOR ARCHITECT
CONTRACT DATE: CONTRACTOR

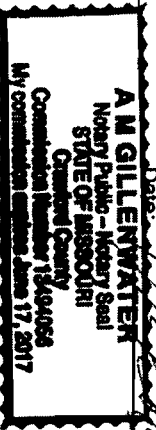
CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by Owner			
TOTAL			
Approved this month	Date Approved		
Number			
TOTALS		0	0
Net change by Change Orders		0	0

The undersigned Subcontractor certifies that to the best of Subcontractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

By: 



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the contract Documents, based on on-site observations and the data comprising the above application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

Application is made for Payment, as shown below, in connection with the Contract. Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM \$ 171,882.00
2. Net change by Change Orders \$ -
3. CONTRACT SUM TO DATE (Line 1 + 2) \$ 171,882.00
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 171,882.00
5. RETAINAGE:
 - a. 0 % of Completed Work \$ -
 - b. 100 % of Stored Material (Column F on G703) \$ -

Total Retainage (Line 5a + 5b or Total in Column I of G703)

6. TOTAL EARNED LESS RETAINAGE \$ 171,882.00

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 4 less Line 5 Total)

8. CURRENT PAYMENT DUE (Line 6 from prior Certificate) \$ 154,693.80

9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6) \$ 17,188.20

State of: Missouri County of: Crawford
Subscribed and sworn to before me this 15 day of Jan 2014
Notary Public: A. M. Gillette
My Commission expires: June 17, 2017

AMOUNT CERTIFIED

(Attach explanation if amount certified differs from the amount applied for.)
ARCHITECT:

By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

NOTICE: PROPERTY OWNERS IMPORTANT INFORMATION
REVENUE MECHANICS LIENS ON REVERSE SIDE.

JAN 21 2014

Christopher Kidd & Associates, LLC

Architects and Engineers

FEB 24 2014

INVOICE FOR ARCHITECTURAL/ENGINEERING SERVICES

Invoice # 12024-01(H)

FMC Project Manager: T. McNeal

Project ID & Name: FMC Carbondale 1258-5-RL-S-BO-12

Date: January 31, 2014

Architect/Engineer: Christopher Kidd & Associates, L.L.C.

Phone: 262-901-0505

Address: N48 W16550 Lisbon Rd, Menomonee Falls, WI 53051

Fax: 262-901-0510

Description of Work	Contract SOV	Percent Complete
Site Survey Report Submission	\$1,791.00	100.00%
Operations Preliminary Plan Approval	\$8,957.00	100.00%
FMC Project Budgeting Questionnaire & Plan Submission	\$8,957.00	100.00%
100% Construction Document Drawings (CD)	\$51,949.00	100.00%
Punch List Completed	\$8,957.00	100.00%
Clean "As-Built" Drawing Received	\$4,478.00	
Final Payment	\$4,478.00	
Site Visit Allowance - 4 Site Visits @ 1,200 ea.	\$4,800.00	(1 site visit)

Description of Work	Previously Billed	This Period	Total
Site Survey Report Submission	\$ 1,791.00	\$ -	\$ 1,791.00
Operations Preliminary Plan Approval	8,957.00	\$ -	8,957.00
FMC Project Budgeting Questionnaire & Plan Submission	8,957.00	\$ -	8,957.00
100% Construction Document Drawings (CD)	51,949.00	\$ -	51,949.00
Punch List Completed		\$ 8,957.00	8,957.00
Clean "As-Built" Drawing Received		\$ -	-
Final Payment		\$ -	-
Site Visit Allowance - 4 Site Visits @ \$1,200 each		1,200.00	1,200.00
Additional Services* COB		(9,512.25)	(9,512.25)
Reimbursable Expenses*	2,121.43	-	2,121.43
Bonus/(Penalty)**			
Total:	73,775.43	\$ 644.75	74,420.18

Summary of Reimbursables and Additional Services:

Black Line Printing	\$ -
Shipping	-
Color Copies	-
Faxes	-
Travel	-
Plots	-
Specifications/Black & White Copies	-
Other	-
Total	\$ -

See next page for breakdown of Additional Services by task.